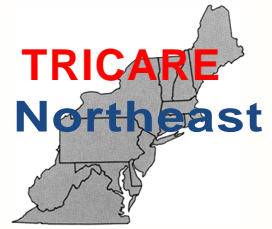




The Pulse



Autumn 2002

Vol. 2, No. 3

<http://tricarene.army.mil>

TRICARE 101: What Reserve components, their families need to know about benefits

By Ann Ham

TRICARE NE Public Affairs

Since Sept. 11, 2001 Reserves and National Guard have been mobilizing some units and individuals while demobilizing others. The total number on active duty in support of the contingency operations has varied from 50,336 to 82,957 on active duty. As these soldiers, sailors and airmen are mobilized and demobilized, one of the critical pieces of infor-

mation that they need to have at their fingertips is the answer to, "What are my family's health care benefits?"

Where do reservists find this information?

One answer is by attending their unit's Family Readiness Briefings. Many Reserve Support Commands and National Guard Offices are working with the Office of the Lead Agent Education and Marketing Departments to have TRICARE briefings for the families before mobilization orders come down. "The list of things that have to be accomplished by a unit in a very short period of time can quickly overcome the time available for getting families in to hear a TRICARE briefing," said Ms. Barbara Wilson, Family Program Director, for the 99th Reserve Support Command (RSC).

This is why the 99th RSC, in coordination with TRICARE Northeast, has set up a series of briefings that will make available a TRICARE briefing for all Reserve and National Guard families in locations around Pennsylvania, Maryland, West Virginia and Virginia. "This is giving the families an opportunity to plan ahead and take in the information without the rush of activities that normally occur with a unit mobilization," Wilson explained. "Our goal is to provide an unrushed opportunity for our Reserve families to learn about their benefits and have an opportunity to ask questions of an expert from TRICARE. This information can help families make informed decisions before presented with orders."

Benefits depend on DEERS

So, what should a Reserve or National Guard family know about TRICARE? Ms. Eileen Mejia, Chief of Education and Marketing at TRICARE Northeast, said, "I've been giving these briefings to Reserve and National Guard units and their families for more than five years and if I could tell them only one thing I would want them to know: If you are not in the Defense Enrollment Eligibility Reporting System (DEERS), you are not eligible to use your TRICARE benefits."

The one thing all Guard and Reserve Component personnel can do to be prepared for mobilization is keep their records and beneficiaries' records current so they can receive the benefits and privileges accorded by law and regulation. While most



Photo by Staff Sgt. Denise Hauser, U.S. Air Force

Family members say good-bye to 107th Air Refueling Wing Security Forces Squadron members, including the daughter of Staff Sgt. Ron Cirrito, in Niagara Falls, N.Y., Oct. 3, 2001. Several dozen SFS members have been activated to support Operation Noble Eagle.

Pharmacy Data Transaction Service finalist for 2002 President's Quality Award

From compiled reports

The Pharmacy Data Transaction Service (PDTs), was recognized as a finalist for the 2002 President's Quality Award. The service screens prescription orders at all military treatment facilities, the National Mail Order Pharmacy, and retail pharmacies in the TRICARE managed care network for possible adverse drug interactions, therapeutic overlaps and duplicate treatments through a centralized data base.

The awards honor accomplishments that further the President's objectives. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, RADM Tom Carrato, Chief

Operating Officer, TRICARE management Activity (TMA), and Col. William Davies, Director, Pharmacy Benefits Division, TMA, accepted the honor on behalf of the Military Health System.

Harvard's Innovations in American Government Program also selected PDTs as one of 17 results driven federal programs to be a semifinalist for the Innovations in American Government Award. PDTs has identified 52,700 potentially life-threatening drug interactions and has processed more than 113 million electronic prescription transactions.

U.S. Family Health Plan
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opportunity to make process or service improvements. Ray Pare, a systems engineer at Martin's Point, is quoted in the February 2002 issue of *Data Strategies and Benchmarks*, describing the automated complaint reporting and tracking system. He states that "it's accessible, it's standardized, it flows well, it's easy to learn, and it keeps the information at the fingertips" of those who need to know.

What does this mean for members of the US Family Health Plan at Martin's Point? It means that once they learn about and understand the new process, they should feel more confident that if they have a concern or complaint about the quality of service from Martin's Point, there is a simple, organization-wide, confidential means to document them. They should feel more confident that their concerns will be directed to the individuals who can effect change quickly and efficiently. And they should feel more confident that they will receive a letter or a personal phone call from the administration of the US Family Health Plan at Martin's Point letting them know that their issue has been documented, reviewed, and that specific actions are proposed for resolution. An article about this new process was in a recent edition of *The Lantern*, the quarterly US Family Health Plan at Martin's Point newsletter and will be fully addressed in the next edition of the member handbook.

In addition to improving service to US Family Health Plan members, this new Intranet form and complaint process will save money by decreasing paper forms, decreasing the time needed to document a complaint and simplifying the tracking, analysis and trending of member concerns.

The US Family Health Plan at Martin's Point views this process

improvement initiative as a true "win-win" solution for US Family Health Plan members and Martin's Point staff. They will be reviewing the process again at a later date to ensure that it has been implemented consistently throughout the organization and that the expected outcome, i.e., improved communication with and service to members, is truly realized.

Customer service recognized at Newport



NACC photo

Three customer service representatives at Naval Ambulatory Care Center, Newport, R.I., were honored in Baltimore during Sierra Military Health Service Customer Service Appreciation Week and again at NACC, Newport, by Deputy Commander Capt. Andre Greedan, USN. Honorees are (front row, l to r) Carol Winiarski, Jane Blanco, and Gayle Symonds, with Greedan. Also on hand for the award at NACC are (back row, l to r) Lt. Thomas Hughes, USN, Head Support Operations; Deborah Jackson, Newport TRICARE Service Center Manager; and Lauriann Cash, Health Care Coordinator.

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THE PULSE of TRICARE Northeast is an official quarterly publication of the DoD TRICARE Northeast Lead Agent Office. Its purpose is to inform the uniformed services medical beneficiaries, the health care community of providers, and the uniformed services about policies and newsworthy items of interest as the concept of managed health care is applied in the Department of Defense TRICARE regional program.

From the Lead Agent

Maj. Gen. Kevin C. Kiley, MC, USA



In this issue of The PULSE, we look at the many ways TRICARE in the Northeast Region has matured in providing health care—and particularly in providing quality customer service.

Through continuing collaborative efforts between the Office of the Lead Agent and Sierra Military Health Services, we've made marked, steady improvements in such customer services as answering your phone calls promptly, getting you the appointments you need, assuring your claims are handled correctly, clearing up disenrollment and enrollment inconsistencies, and introducing more effective ways to do TRICARE business.

As we work with Sierra, the Military Treatment Facilities, and beneficiary focus groups on customer service matters, we are concurrently preparing our Reserve Component service members for mobilization by giving informative TRICARE on-site briefs to explain fully the benefits for service members and their families.

As cited in this issue's "Partner's Page," SMHS has met or exceeded TRICARE national performance standards for phone service and processing of referrals. The progress realized through partnership with the Lead Agent over the past four years should continue with a recently awarded contract extension for SMHS. Meanwhile, our Uniformed Services Family Health Plan TRICARE facilities continue to provide their support to retirees and their family members while keeping feedback coming in through customer surveys and making changes when needed in response to that feedback.

TRICARE Northeast's use of technology to develop or refine computer-based tools is just another way this maturing

program is helping you realize your optimum health care. TRICARE Online at www.tricareonline.com is up and running at 24 sites within the National Capital Area, with training and activation planned outside the NCA set for Spring 2003.

During phase-in, you may access the system and use features such as the personal health journal, symptom checker, prescription checker, and 18 million pages of health information, disease management tools and TRICARE claims and benefits information. Full interactive features planned for TOL include online primary and specialty appointment scheduling, prescription refills and renewals, and opportunities for you to interact online with your health care providers.

The Lead Agent Office is completing a Region-wide activation of the Integrated Clinical Data Base to help manage your patient information and enable your provider to pull together all your medical information with a few clicks of the computer mouse. Spring 2003 should see the entire Northeast Region served by the ICDB.

Itemized billing was recently put in place to assure each bill you receive reflects the actual services provided to you in an itemized manner much like billing used by the private health insurance industries.

While improving TRICARE business-as-usual, the Lead Agent Office and SMHS are working together to inform all mobilized Reserve Component service members of TRICARE benefits for them and their families. Beneficiary Education teams from the Lead Agent Office have presented 57 on-site briefings with 2,895 in attendance, and SMHS has presented 172 briefings with



Maj. Gen. Kevin C. Kiley

14,766 attending. This publication, our Web site, and news articles throughout the Region are making sure our RC members and families know what TRICARE can do for them and their families when they are placed on active duty as well as afterward.

With the tools we're using to make TRICARE better for you in the Northeast Region, it's also vital that you help us help you. The great responsibility of making a good, responsive, health care system work as it should rests not only with us, but with you... to stay informed, to enroll and stay enrolled by keeping fees paid, to keep your DEERS information up-to-date, and to contact SMHS or the Lead Agent Office if your needs are not met. As we work closely together, our system will continue to improve in ability to meet your health care needs while we fulfill our military readiness mission.

KEVIN C. KILEY
Major General, U.S. Army
Region 1 Lead Agent

Partner's Page



"How Are You Doing?"

By David R. Nelson
President, Sierra Military Health Services, Inc.

It's become the universal expression for "Hello" and "Hi there." But "How are you doing?" is much more than a greeting at Sierra Military Health Services.

It's the question we must continue to ask you, our customers—if we are to build upon the remarkable and steady improvement in care and service we have achieved since the transition from CHAMPUS beginning in 1998.

It's also precisely the question that the TRICARE Management Activity had to ask before agreeing in early October to award Sierra a contract extension (renewable annually for up to four years) to provide managed care services to our men and women in uniform and their families throughout the Northeast and the National Capital Area.

After all, it is our performance and your satisfaction that determine if we earn the right to continue to serve you. When measured by TRICARE's performance standards, the hard working and dedicated people of Sierra Military Health Services have been doing very well by the beneficiaries they serve. Let me share a few customer service highlights from activities we handle directly at Sierra:

- Our agreement with TRICARE requires that we answer 90 percent of your calls within two minutes. Today, we answer 98 percent of your calls about appointments in that time or less, and virtually 100 percent of all other calls in that time.
- We are expected to process 90 percent of physician referrals to specialty care in 24 hours. We now process 95 percent of referrals in that time.

- Sierra maintains a database of customer inquiries by category and reason for call. The database now contains nearly one million entries and allows customer service representatives to identify immediately the beneficiaries' past and current situation without having to ask you to retell the entire story.

In addition, in a continuously administered but quarterly reported government beneficiary satisfaction survey, Region 1 ranks either highest or within the top three in five of the six categories (overall satisfaction, satisfaction with care, access to care, and so on).

In the four years since the original contract was awarded, Sierra Military Health Services, alongside our military partners, has built one of the strongest

and most efficient TRICARE support systems in the country. We've done it by asking you how we're doing—and by listening to your answers.

Our contract extension means uninterrupted health care for you and minimal changes in procedures. It means you will continue to benefit from all we have learned and all we have built together since 1998.

It is enormously gratifying that TRICARE beneficiaries in our region—especially those whose family members are now on active duty—are among the most satisfied in the country. With my colleagues here at Sierra Military Health Services, we look forward to our ongoing dialog with you so we can continue making improvements you value.

When we say, "How are you doing?" we're genuinely interested.



Photo by Maria Chakmakas

During a news conference held in Baltimore on October 7, Sierra Military Health Service's President David R. Nelson (second left) announced the company's TRICARE contract extension. Others participating in the announcement are (from left to right) U.S. Rep. Ben Cardin; Col. Cecily David, Deputy Director, Regional Operations, representing the Office of the Lead Agent for TRICARE Northeast; U.S. Sen. Barbara Mikulski; and David S. Iannucci, Secretary of the Maryland Department of Business and Economic Development.

Spotlight: Walter Reed Army Medical Center

Washington, D.C.



**Col. Jonathan H. Jaffin, MC,
USA, Commander, Walter
Reed Health Care System**



**The Walter Reed Army Medical Center main hospital in the rear
with Bldg. 1, the original hospital, in the foreground.**

The mission of Walter Reed Army Medical Center: To provide every patient with the finest in personalized health care service.

The Walter Reed Army Medical Center in northwest Washington, DC, serves the military community from the Washington area and around the world. The hospital building is designed for the highest-quality patient care and comfort. It offers accommodations for 250 patients, admitting more than 14,000 a year. The outpatient treatment facilities serve thousands of patients a day. WRAMC is a monument to a long tradition of patient care, medical research, and educational development. The Walter Reed Health Care System, with WRAMC as its hub and Col. Jonathan Jaffin as commander, includes 10 major treatment facilities in 3 states. The commanding general of WRAMC, Maj. Gen. Kevin Kiley, also serves as commander of the North Atlantic Regional Medical Command and Lead Agent for the TRICARE Northeast Region.

Levels of care at WRAMC range from surgical, medical, and pediatric intensive care units; through acute-care wards and rehabilitation units; to ambulatory surgery and a short-stay ward for patients who need less than 24 hours of hospitalization. In Walter Reed's 14 operating rooms, surgical teams perform about 650 operations each month, from routine same-day cases to open-heart surgery, organ transplants, total joint

replacements, and artery and vein repairs. The hospital's own central pharmacy fills approximately 2,000 prescriptions a day.

A local consumer magazine recently rated Walter Reed Army Medical Center the second highest for overall quality out of 28 civilian and military hospitals in the Washington, DC, area. Readers of *Washington Consumers' Checkbook* rated medical facilities in the District, Maryland, and Virginia in eight categories, including staff communication, teamwork, speed and punctuality of service, staff "friendliness/respect/concern," food quality, and nurses' "skill/caring/responsiveness." Walter Reed received an overall quality rating of 95 percent and "most favorable" scores of 90 percent or better in every area except one. Only the atmosphere and comfort of rooms received an "average" rating of 81 percent. *Washington Consumers' Checkbook* is an independent, non-profit magazine with about 50,000 subscribers. Modeled after *Consumer Reports*, it accepts no advertising and evaluates community service-oriented businesses.

***Read more about WRAMC on
pages 11 and 15.***

An Innovative Approach to US Family Health Plan Member Concerns:

The New Member/Patient Comment System

By Michelle Austin

Deputy USFHP Program Director, Martin's Point Health Care



Each year Martin's Point Health Care, headquartered in Portland, Maine, chooses new initiatives or selects processes to redesign that help them better meet the needs of their patients, including US Family Health Plan members. The mission of Martin's Point Health Care is to strive always to meet or exceed patient/member expectations. However, despite organization-wide efforts, they know that they occasionally fall short of their patient and member expectations.

This past year, one of the processes that Martin's Point focused on concerns raised

analyzing their current processes. In addition to completing a rigorous review of existing policies and procedures, they wanted to ensure that resulting procedures focused on simplicity, consistency, privacy, structure, and training. They recognized the need to educate themselves as to what was available in the market that may automate their systems. It was their goal to utilize technology in order to standardize reporting mechanisms that confidentially document a member's immediate concern, whether it was regarding their

Primary Care Provider, the mail order pharmacy or a member's ability to find a parking place when they came to see their doctor.

What Martin's Point found after looking at all of the data that was available regarding their complaint system was

quite surprising. They found that processes were totally manual, paper driven and varied from department to department. They came to the conclusion that they were actually providing less than satisfactory service to members who were voicing concerns about their perception of poor service elsewhere in the organization.

To solve these problems and to ultimately improve service to their members, Martin's Point decided to create a special page on their Intranet to collect and track member complaints lodged anywhere within the organization. The solution is a real-time ASP and Visual Basic program that allows any employee with access to a Martin's Point computer to click on, go into the Intranet and document member comments,

concerns or complaints. All data goes into a confidential database to which access is limited to the staff of the Quality Department and the Site Manager of the clinic from which the complaint was lodged. This data is actually more secure than data filed on paper forms that had the potential of sitting around on someone's desk or in an unsecured file folder.

The form captures all pertinent information about the member, the time and date of the complaint, the location, department and staff involved with the member's concern and the date and time of service with which the member is dissatisfied. It also allows for free text so that the staff member taking the complaint can record the member's concerns in the member's own words. There are standard preset lists built into the program that allow the staff member filing the complaint for the member to select provider names, clinic location, and department(s) involved. These fields make it easier for the Quality Department to sort and track where the US Family Health Plan members are identifying issues.

This new concern reporting system makes it easy for the Quality Department and Site Managers to look at an individual member's membership history to see if the member has been enrolled for a week, a month or for multiple years. This information is used in analyzing trends.

Finally, the form provides for documentation of what the member expects to happen by lodging the complaint or concern, facts gathered during investigation of the complaint, the action(s) taken to resolve the member's issue(s) and whether there is an

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“The mission of Martin's Point Health Care is to strive always to meet or exceed patient/member expectations.”

by US Family Health Care members and other patients. As with most health care organizations, on occasion, members and patients use letters, phone calls, or exchanges with staff to voice disappointment with their experience with a clinical practice or with their health care plan administration. Though Martin's Point has always had systems in place to address and resolve such concerns, they felt it was time to “raise the bar.” Bobbie Ahern, the Director of Quality and Compliance Officer at Martin's Point stated, “We wanted to learn how to better document our complaint process, accelerate our response time, and upgrade our systems to better communicate with members and ensure suitable resolutions for member/patient personal issues.”

A significant effort was expended in

Everything you need to know about sleep

.....but were too tired to ask

By C. Todd Claus
TRICARE NE Public Affairs

The good news is that the lack of sleep won't kill you. Accidents at work and on the road caused by the lack of sleep might, but sleep deprivation by itself won't. You'll fall asleep before it does. And if you are one of the 18 million Americans with a sleep disorder you won't be able to catch up on your sleep on weekends or make adjustments in your life in order to get the sleep your body needs.

What is sleep, how much do we need and what is a sleep debt?

Simply put, sleep is the body shut down so it can't consciously participate in the world around us. The brain stays active while asleep, but essentially, we are either awake—and can see and hear—or we are asleep, and for all intents and purposes, blind and deaf to the world around us.

The amount of sleep needed to be fully rested and alert varies with each person. We need what we need, but generally, people need on the average 8 hours of sleep a night. When we don't get the hours we need a sleep debt is acquired that can only be paid with sleep. The size of the sleep debt determines the strength of the tendency or ability to fall asleep. If your sleep debt is zero, falling asleep isn't an issue. With a low sleep debt only a small amount of stimulation is needed to keep you awake. On the other hand, if your sleep debt is large, no amount of stimulation can keep you awake.

If you frequently feel sleepy or drowsy in any dull or sedentary situation, you almost certainly have a very large sleep debt. A large sleep debt makes us vulnerable to apathy, inattention, and

unintended sleep episodes. The result of those naps can be errors, accidents, injuries, and deaths.

What happens when we don't get enough sleep?

It depends. If you miss an hour or so of sleep before a promotion board or inspection you probably will do just as well as you would fully rested since moods are affected more by the lack of sleep than either our cognitive or physical abilities. You may do well, you just won't have much patience. If there isn't anything more pressing than the salad bar during lunch, the loss of patience isn't a big deal, but if you have the midwatch or are at the beginning of a field exercise the loss of patience could be costly.

Stay awake for 19 hours straight and

metabolism of carbohydrates.

According to a 1999 study published in *The Laryngoscope*, led by Nelson Powell, M.D., and a follow-up survey, developed by researchers at Stanford University and Washington University of Medicine in St. Louis, in connection with the Dateline NBC television show, found that driving while chronically sleepy may be the same as driving under the influence of alcohol or, in some cases, driving drunk.

Roughly 1 percent of all accidents and 3 percent of fatal accidents are directly related to the lack of sleep. In 2000 there were 41,821 traffic fatalities in the U.S.; 26,347 of them were alcohol related and 1,255 were directly related to the lack of sleep.

“If you have unexplained excessive daytime sleepiness, it needs to be addressed, because it's not simply you sucking it up—you're putting yourself at risk.”

—Lt.Cmdr. Miller, MC

A 1986 survey of shift workers (roughly 5 million people) found that they sleep seven hours a week

you'll be performing and be as alert as you would if you had a blood-alcohol level of .08 (the definition of being legally drunk).

A chronic lack of sleep can cause some fairly serious health problems, as well. Untreated sleep apnea is associated with an increased risk heart attack, stroke, and heart failure.

A study published a couple of years ago in the *Journal of the American Medical Association* found that chronic sleep deprivation can nudge some men towards a propensity for becoming overweight and developing a middle age paunch.

In another study led by Eve Van Cauter at the University of Chicago showed that there is a correlation between sleep deprivation and the body's ability to control its weight through the hormone leptin, which influences food intake and controls the

less, on average, than workers who work day shifts and 60 to 70 percent of shift workers report problem sleepiness.

Part of the problem is that humans are day-oriented. While there are people whose circadian rhythms (the 24-hour internal body clock that determines our sleep/wake pattern) run more towards night than day, most people who work the night shift never fully adjust to a permanent night shift. And because our society is day oriented many night shift workers sleep with noise and light distractions that don't allow sound sleep.

Lt.Cmdr. Miller, a pulmonologist who is board certified in sleep medicine, at the National Naval Medical Center in Bethesda, Md., is a little more straightforward, “If you live your life sleepy

TRICARE Prime enrollees can now pay fees online

By Ann Ham

TRICARE NE Public Affairs

TRICARE beneficiaries who are already enrolled in TRICARE Prime in the Northeast Region (Region 1) can now pay their enrollment fees online.

Sierra Military Health Services, Inc. (SMHS), the region's managed care support contractor, has in place a safe, secure, easy-to-use system to pay fees online by credit card. "We continue to explore ways to make enrollment in TRICARE easy and convenient for our beneficiaries.

The new on-line payment option accomplishes both objectives," said Sierra's Chief Operating Officer, Keith Vander Kolk.

Detailed instructions for filling out the pay online form are now available on the SMHS Web site at www.sierramilitary.com. Click on Pay Enrollment Fees to use the feature.

Not only is paying online quick and easy, but also the beneficiary can print out a receipt with confirmation that the

enrollment fee has been paid. This online payment option is just one more way to help enrolled Prime beneficiaries assure their payments get to SMHS and their enrollment status remains active. Retired beneficiaries must already be enrolled in Region 1 to use the online payment plan.



Senior Enlisted Advisor for TRICARE NE reaches out to service member families

By C. Todd Claus

TRICARE NE Public Affairs

Joining the TRICARE NE Lead Agent office staff as Senior Enlisted Advisor is Master Sgt. Constance T. Gunnells, who serves as a resource, liaison, and advocate for the enlisted members of the armed forces and their families.

"My most important role as Senior Enlisted Advisor is to reach out to the enlisted service members and their families; to represent their interests and bring their concerns to light with the Lead Agent.

"One of the most important aspects of my job," says Gunnells, "is to ensure our enlisted beneficiaries and their family members know how to best utilize the military healthcare system—especially for service members who live and work in remote locations."

Gunnells holds a Bachelor's Degree in Psychology from the University of Columbia and after being selected to attend the Non Commissioned Officer Graduate Program in Health Care Administration (GPHCA) she earned a Master's Degree in Health Service Administration from the University of Kansas.

The GPHCA program, which has been suspended in order to evaluate the suc-

cess of the first eight graduates, was designed "to provide Senior NCOs the tools necessary for success in today's military healthcare system, especially in light of the managed care focus." The eight graduates are all serving utilization tours in various areas of MEDCOM and VETCOM.

Gunnells comes to the Region 1 Lead Agent office with a wealth of experience having served in a number of leadership assignments. They include:

- NCOIC, Department of Family Practice, Madigan Army Medical Center
- Battalion Operations/Training NCO, 725th Main Support Battalion, Schofield Barracks, Hawaii
- Company Operations/Training NCO, Charlie Company, 725th Main Support Battalion, Schofield Barracks, Hawaii
- Ambulance Platoon Sergeant, Charlie Company, 725th Main Support Battalion, Schofield Barracks, Hawaii
- Various Squad and Team Leader Positions

Gunnells was born in Louisville, Ky, and entered the Army in August 1986. She attended basic and advance individual training at Fort Riley, Kan., and

Fort Sam Houston, Texas, respectively. She attended the 91B Combat Medic and 91B30 Medical NCO Course at the AMEDD Center and School at Fort Sam Houston, Texas.

Her awards include the Meritorious Service Medal with oak leaf cluster, the Joint Service Commendation Medal, the Army Commendation Medal with oak leaf cluster, the Joint Service Achievement Medal, the Army Achievement Medal with four oak leaf clusters, the Overseas Service Ribbon and the Professional Development Ribbon.



Master Sgt. Constance T. Gunnells

Sleep

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and you fall asleep at the wheel and kill someone, that's your fault."

What's a sleep disorder?

Sleep disorders are a general term for four, physiologically based, disruptive patterns of sleep that cause problem sleepiness.

Obstructive Sleep apnea: According to Dr. Miller, obstructive sleep apnea is the most common breathing disorder, "It's highly prevalent, with 2-5 percent of the middle age population afflicted. It's on the level of diabetes, hypertension, and high cholesterol."

People with untreated sleep apnea stop breathing repeatedly during their sleep, sometimes hundreds of times during the night and often for a minute or longer. In sleep apnea the brain briefly awakens in order for patient to resume breathing. The consequent sleep is extremely fragmented and of poor quality which leads to excessive daytime sleepiness.

The connection isn't yet fully understood, but it is known that a person with sleep apnea is twice as likely to suffer from high blood pressure and three times as likely to suffer from heart disease than people in the general population. Nevertheless, sleep apnea remains under diagnosed and under treated, and because of it, patients with sleep apnea are more likely to use health care resources at roughly twice the rate as the rest of the population.

Symptoms include snoring, morning headaches and fatigue. According to Dr. Miller, "the best and most effective treatment of Obstructive Sleep Apnea is Continuous Positive Airway Pressure" which is maintained by a machine consisting of a mask with flexible tubing the patient wears for at least four hours a night, "It produces "a gentle stream of air that sounds about like a child's humidifier; it's white noise'ish and bed partners are usually overjoyed that they can now sleep with no snoring."

Restless legs syndrome and Periodic limb movement disorder: a person with RLS experiences a vague, uncomfortable feeling in the legs that is often

described as a burning, tingling or crawling sensation tied to an overwhelming urge to keep the legs in motion.

The symptoms of RLS may be present all day long, making it difficult for an individual to sit motionless, or they may be present only in the late evening. Either way, it can cause insomnia, daytime tiredness and fatigue. Periodic limb movement is similar to RLS in that the legs often ache before sleep and upon awakening, but with PLM the leg muscles jerk involuntarily during sleep; causing frequent partial awakenings (and an angry bed partner).

Narcolepsy: is the second leading cause of excessive daytime sleepiness after obstructive sleep apnea. Sufferers are afflicted by an overwhelming and irresistible urge sleep. Other symptoms include momentary weakness when excited or surprised, an inability to move or talk and vivid dreamlike scenes while falling asleep or waking up. Symptoms of narcolepsy usually first appear during adolescence.

Insomnia: poor quality sleep due to a difficulty falling asleep, waking up during the night with difficulty getting back to sleep, waking too early in the morning, or sleep that does not refresh.

Insomnia lasting from a single night to a few weeks is considered to be transient. If it occurs more frequently than not and lasts a month or more it is considered to be chronic.

Is a sleep disorder an automatically boardable condition?

It is in the Air Force, but not in the Navy. According to Dr. Miller, "Efforts are made to accommodate the sailor's condition. If the patient is efficaciously treated and compliant with treatment he can stay in. There may be some limitations, but in general I'm having some good success keeping sailors in the Navy."

If I'm concerned about problem sleepiness, what's the next step?

Visit your primary care provider and discuss your concerns with him or her.

If you're not sure just how sleepy you are or what constitutes excessive daytime sleepiness, measure yourself with the Epworth Sleepiness Scale. It is a simple, self-administered questionnaire that will

give you an idea of your general level of daytime sleepiness. Rate each item from 0 to 3; with 0 meaning you would never doze or fall asleep in a given situation.

After rating your response to each of the situations add the points up. A score of 11 or more is an indication of significant excessive daytime sleepiness. If you qualify, make an appointment with your primary care provider.

0 = No chance of dozing

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Situation

- Sitting Reading
- Watching TV
- Sitting in an active public place
- As a car passenger for an hour without a break
- Lying down to rest in the afternoon
- Sitting, quietly talking to someone
- Sitting quietly after lunch w/out alcohol
- In a car, while stopping for a few minutes in traffic

New TRICARE Handbooks Available at MTFs, TSCs and on-line

From compiled reports

The September 2002 TRICARE Handbook is now available upon request.

The new handbook highlights all three TRICARE options: Prime, Standard, and Extra. It also includes the many programs and benefits added since the last edition was first published.

TRICARE Northeast beneficiaries should check with the TSC in their area for the new handbook, or call 1-888-999-5195 for information. The handbook is available online for viewing and downloading at www.tricare.osd.mil/TricareHandbook.

According to TRICARE Management Activity, providers or organizations requiring additional quantities of the handbooks may order from the TRICARE SMART Store at www.tricare.osd.mil/smart.

If have questions or need assistance contact your local beneficiary counseling and assistance coordinator, health benefits advisor or TRICARE Service Center.

Command changes at 12 Northeast facilities



Rear Adm. Donald C. Arthur, Jr. Commanding Officer, National Naval Medical Center, Bethesda, Md.



Capt. Christopher W. Zukowski, Commanding Officer, Naval Medical Center, Patuxent River, Md.



Col. Jonathan H. Jaffin, Commander, Walter Reed Health Care System, Walter Reed Army Medical Center, DC



Col. Loree K. Sutton, Commander, DeWitt Army Community Hospital, Fort Belvoir, Va.



Col. Joan P. Eitzen, Commander, Kimbrough Ambulatory Care Center, USAMEDDAC, Fort Meade, Md.



Col. Dale K. Block, Commander, DiLorenzo TRICARE Health Clinic, Pentagon



Col. Gordon B. Miller, Commander, Dunham US Army Health Clinic, Carlisle Barracks, Pa.



Col. Brian D. Allgood, Commander, Keller Army Community Hospital, West Point, N.Y.



Lt.Col. Walter J. Lawrence, Commander, Barquist US Army Health Clinic, Fort Detrick, Md.



Col. Thomas R. Palmer, Commander, 11th Medical Group, Bolling Air Force Base, DC



Col. Rhonda L. Bridge, Commander, 305th Medical Group, McGuire Air Force Base, N.J.



Col. William R. English, Commander, 436th Medical Group, Dover Air Force Base, Del.

Walter Reed Comprehensive Breast Center leads way in early breast cancer detection

By Michael E. Dukes
Stripe Staff Writer

Many doctors stress to women the importance of regular breast self-exams, regular clinical breast exams, and for women over 40, annual mammograms, and many women find comfort when told everything appears fine. But doctors may not be seeing the whole picture.

Despite their usefulness and importance, these methods still fall short of providing the best in early detection said Maj. Alexander Stojadinovic, a surgical oncologist at the Walter Reed Comprehensive Breast Center.

"Breast cancer mortality among women younger than 50 accounts for more than 40 percent of the years of life lost due to the disease. The economic and emotional costs to families with children are far greater when a 35-year-old woman dies of breast cancer than when a 65-year-old woman dies of this disease. The potential benefits of screening and early detection of breast cancer in younger women are considerable," Stojadinovic said.

On that note, Stojadinovic started a five-year trial in August to prove the validity and value of electrical impedance scanning [T-Scan, ED-2000, TransScan Medical, Inc., Ramsey, N.J.] as an initial screening tool to detect early states of breast cancer in women under the age of 45.

"Presently the only women under 40 years of age are undergoing screening mammography are those considered high risk for breast cancer," he said. "but the effectiveness of mammography in this age group is limited by breast tissue density. Concern has been raised that breast tissue in women carrying a genetic mutation predispositioning them to the development of breast cancer may be more susceptible to the cancer causing effects of radiation than that of women without the mutation." Electrical impedance scanning (EIS) has no such risks.

The scanning takes only about five minutes and gives a positive or negative

result. Either the patient has something that warrants further screening or not.

Tumor tissue differs from normal breast tissue in electrical properties because of differences in cellular water content, changes in membrane permeability, orientation and packing density of cells. Instead of pinpointing possible tumors, preliminary data suggests the device uncovers global inconsistencies in breast tissue, Stojadinovic said.

"The implication of this finding is that EIS has the potential to identify women at high risk of breast cancer, even if it does not localize a specific lesion," he said.

"Because of the ability of electrical impedance imaging to detect early stage [tumors], particularly in young women, because a significant proportion of women on active duty are younger than 40 years, and because the Army's only comprehensive breast center is at Walter Reed, we felt it was both timely and warranted to pursue a prospective screening trial," said Stojadinovic.

"This is a feasibility study and the findings will not alter standard medical management. All women over the age of 39 are cautioned that the EIS examination is not a substitute for annual mammographic examination and a negative result cannot be used as assurance that the woman does not have breast cancer," Stojadinovic emphasized that this is clinical research and the study is not intended to compete with the concept of screening mammography. Instead the trial should prove electrical impedance scanning to be a valuable ally to conventional screening methods, particularly in young women.

"The current process of using clinical breast examination alone to screen younger women is widely recognized as deficient," said Stojadinovic. He said the electrical impedance scanning can complement and enhance the accuracy of mammographic screening in general and is likely to increase awareness and

compliance for the younger women who do not adhere to American Cancer Society and National Cancer Institute recommendations.

Nurse Practitioner Abby Rogers of Walter Reed's Department of Obstetrics and Gynecology said those recommendations include monthly breast self-exams a week after a woman's menses, a yearly clinical breast exam, and for women over 40, annual mammograms. Young women should begin the exam process at 18 to 20 years of age.

Rogers said breast self-examinations are important because they teach women to get in tune with their bodies so they can detect any changes. If they detect a change, they should talk with their healthcare provider about what those changes might mean.

"Presently, Walter Reed is one of the two places in the world conducting feasibility trials with electrical impedance scanning for early detection of breast cancer in young women. Should this technology prove to be a feasible one it may very well become a natural extension of the physical examination. If preliminary data is promising, we hope to pursue a multi-center study with the DoD so as to extend the benefits of this new technology to active duty service members throughout the U.S. military," Stojadinovic said. He expects widespread screening trials to be initiated within the next two years.

Women eligible for the trial include non-pregnant military healthcare beneficiaries age 18 to 45 who have not breast fed or had breast surgery within the preceding three months and who do not have implanted electrically-powered devices. Patients undergo outpatient assessment with electrical impedance scanning.

For more information consult your doctor or call the Walter Reed Comprehensive Breast Center at 202 782-3416 or DSN 662-3416.

Itemized Billing: the rest of the story

By C. Todd Claus
TRICARE NE Public Affairs

The back story: On August 21, 1996, then president Bill Clinton signed the Health Insurance Portability and Accountability Act (HIPAA). The Act was originally designed to provide portability or continuation of health care coverage for American workers and their families when jobs were changed or lost, but like many of the bills that move through Congress, this one had a number of provisions added as it made its way through the legislative body.

By the time it was signed in April 2001, by President George W. Bush, it had morphed into a bill intended to improve both Federal and private health care programs by increasing the effectiveness and efficiency in the delivery of health care.

The hope is that by standardizing electronic data transactions and regulating a national identification and database system all of the clinical and business practices of health care will be streamlined while simultaneously protecting the confidentiality and security of individual patients.

With 400 or so different formats being used to process health care claims, adopting a national standard makes sense. It will allow the submission of a

claim to any health plan in the country and have it accepted. It is also quite possible that because claims won't get lost or bogged down in paper shuffles, HIPAA will result in the recovery of millions of dollars from third party insurers.

One of the benefits of the change in methodology for users of TRICARE is that each bill will reflect the actual services provided and will be itemized in a way with which the private health insurance industry is familiar.

The heart of the matter: The Composite Health Care System, or CHCS, is a global computer-based patient record and information system that connects medical departments, hospital wards, outlying clinics, laboratories, and pharmacies. Every active duty serviceman and their families can be tracked from recruit training through active duty and, using the Veterans Administration's system, into retirement.

The system is being used at more than 526 medical facilities, serving 8 million beneficiaries and 147,000 members of the medical staff. It also handles 51 million outpatient visits and 793,000 inpatient admissions each year.

The rest of the story: Itemized billing

is the listing of services and procedures a patient goes through during a single visit to his or her health care provider.

The changes in billing will do a couple things: it will allow outpatient beneficiaries and third party insurers to know which services were received during the visit to a health care provider and all of the ancillary services (i.e., pharmacy, lab work, radiology) will be listed on the Explanation Of Benefits form and third party insurance claims.

One of the changes beneficiaries will notice is the bill for prescriptions that have been filled from orders received from providers within the MTF. Previously, on the all-inclusive billing methodology we are moving away from, only drugs ordered from an off-site pharmacy were billed. Laboratory, radiology and other ancillary procedures performed during an outpatient visit will also be billed and shown as separate charges on the EOB.

The changeover will significantly increase the number of claims to third party insurers, which should increase the amount of money collected from the third party insurers and enhance the care provided at each MTF.

New Mail Order Pharmacy provider assumes responsibility March 2003

On March 1, 2003, the Department of Defense National Mail Order Pharmacy (NMOP) program will change to the TRICARE Mail Order Pharmacy (TMOP) program with a new provider, Express Scripts.

Your prescription drug benefit is not changing. Only the provider is changing.

Important dates for current users of National Mail Order Pharmacy

January and February 2003

- Watch your mail for details about the switch to Express Scripts.

January 15, 2003

- Web site opens, www.express-scripts.com
- You can pre-register, which will help you save time the first time you order from Express Scripts.

February 1, 2003

- Call Center opens, (866) DoD. TEMP (866-363-8667)

Through February 28, 2003

- Continue to order refills and new prescriptions from NMOP, your current provider.

March 1, 2003

- Begin using Express Scripts for your prescription needs

TRICARE NE moves toward full regional Integrated Clinical Data Base

By Ann Ham
TRICARE NE Public Affairs

A patient visits a Military Treatment Facility for a scheduled appointment and finds that medical records are not available — or a beneficiary is injured in a car accident on the weekend and is rushed to the MTF emergency room. Will their medical records be readily available with such vital information as results of previous tests, allergies to medications, and notes from the last hospital or clinic visit? To ensure an optimum patient visit and facilitate in projecting trends in health care treatments to improve care for all patients, the TRICARE Northeast Lead Agent Office is leading a regional effort to put in place the Integrated Clinical Data Base (ICDB).

"The ICDB enables physicians to deliver better care because they have electronic access to all the patient information in a single view," said Col. Rosemary Nelson, US Army, Deputy Director of TRICARE Northeast Office of Strategic Operations and Planning. The ICDB provides a real time, compre-

hensive view of all critical patient information that is available in the Composite Health Care System (CHCS) or in the Ambulatory Data System (ADS). Once the ICDB is in place throughout the Region, there will be less time spent in hunting through paper charts to see how the patient is doing or reviewing multiple computer screens in CHCS. The ICDB allows the health care provider to see, by a single "click," multiple laboratory, radiology, pharmacy, and appointment history in a single display at the time of the appointment.

To make this patient information record readily available to the health care provider, the ICDB continuously integrates data from the existing CHCS and ADS to provide the patient's critical up-to-date information to the provider and appropriate staff, via the Web. The information can be retrieved with the simple use of a password and security procedures at any time of any day. The ICDB is available to all clinical professionals to assist not only in quick

retrieval of important patient information during a patient's visit, but also to perform critical disease management and prevention, screen for health risks, minimize the impact of disease, and enhance the quality of care.

The TRICARE Northeast ICDB team obtains and installs the necessary software and hardware, trains all users, and sustains the program through Help Desk and direct phone support. The ICDB has been in place within the National Capital Area under the leadership of HEALTHeFORCES Program Director Col. Jill Phillips, US Army, Washington, DC, with installation and training outside the NCA well underway. The ICDB at Guthrie Ambulatory Health Care Clinic at Fort Drum, N.Y., is operational, and training has been completed at Keller Army Community Hospital at West Point, N.Y. Installation and activation at Naval Ambulatory Care Center at Groton, Conn. (serving Naval Health Care New England) is complete, with Keller activation set for late December.

TRICAREonline.com puts you in charge of your health care

By C. Todd Claus
TRICARE NE Public Affairs

At quick count there are at least eight Web sites on the Internet that are primarily or substantially about TRICARE in Region One. Some are official TRICARE web sites (www.tricare.osd.mil) and some aren't, but the one thing they do all have in common is that they offer information only. If you know what kind of information you need, but not how to find it, these sites can point you in the right direction. This has all changed with www.tricareonline.com. It's a new DoD web site that goes beyond information (which it offers by the library full to the tune of 18 million pages of health care information, by the way) and into the realm of telemedicine by allowing TRICARE Prime and Plus beneficiaries

to make their own doctor's appointment with the click of mouse.

The Web site is still new and growing, but by the spring of 2003 the capability to get prescription refills and renewals from the site will be available, as will requests for routine tests and the ability to make contact with your health care provider by e-mail. And not too far into the future the Web site will have worldwide capabilities for consultation and medical record transfer, which means that wherever you and your family go, medical assistance will be available with all of your medical information intact and up to date.

The Web site is fairly large; so once you have registered take some time to explore it. If you have any questions the

best thing to do is to call a TRICARE customer service agent at 1-866-363-3932.

It's a toll free call, available in both Spanish and English, with agents available from 9:00 am to 7:00 pm Eastern time, Monday - Friday and Saturday from 11:00 am to 4:00 pm. The customer service agents are polite, patient, and informed. They are ready to take all the time you need to feel comfortable with the system. When customer service agent Elaine Gamble says, "If you have a question or a concern we can answer it. If we don't know the answer we'll find it for you," she means it.

Give it a try. Put a part of the future of military health care into your hands and see what it can do for you.

TRICARE Northeast gives pointers to TRICARE Prime retirees to make sure billing, claims work smoothly

By Ann Ham
TRICARE NE Public Affairs

The Office of Lead Agent and Sierra Military Health Services are working together every day to improve the enrollment and billing process for TRICARE Prime retirees. But while we are doing this, we ask for your help to make sure the process works for you as well as possible now. You can help by following the steps listed below to make sure you get your bill on time... so you can send your payment on time... so your enrollment in TRICARE Prime can continue without interruption.

Make sure Sierra Military Health Services has your correct mailing address.

Visit or call a TRICARE Service Center (TSC) at 1-888-999-5195 toll free to make sure your address and telephone contact information is up-to-date. If necessary, submit a TRICARE Prime Change form available at www.sierramilitary.com to update your address and phone number.

Check your DEERS information.

Visit or call your local Personnel Support Office (ID card section)/DFAS to ensure they have your correct DEERS information and address.

Mark your calendar and keep track of dates your enrollment fees are due.

If you do not receive a bill 30 days before your enrollment fee is due, call SMHS at 1-888-999-5195 to get the current infor-

mation on where to send your payment. You may now pay enrollment fees online if you are already enrolled.

Write the required information about your payment on your check.

Make sure that all payments made to SMHS include your Social Security number and the dates of the period your payment covers.

Check with SMHS to make sure your payment was received and properly posted to your account.

A few weeks after you submit your payment, call SMHS at 1-888-999-5195 to have them check your account to see if your payment has been received and posted to your account.

Pay your enrollment fee annually if possible.

Under the present billing system, if you pay annually there's less chance of a billing and claims payment problem. By taking these steps, you will help us make sure that your enrollment in TRICARE Prime continues without interruption. TRICARE Northeast values your membership in TRICARE Prime and sincerely wants you to receive the benefits you are entitled to without a delay or problem.

If you have any questions related to payments of enrollment fees, contact your local TRICARE Service Center in person or call 1-888-999-5195 toll free.

Stay in touch with DEERS to stay healthy and receive your benefits

To update your address: Visit the DEERS Web site at www.tricare.osd.mil/deers or visit a local personnel office that has a uniformed services I.D. card facility.

To locate the nearest military ID card facility: Visit www.dmdc.osd.mil/rsl, or send an address change by fax to the DMDCSO at (831) 655-8317, or call the DMDCSO Telephone Center at (800) 538-9552, or mail the changed information to:

Defense Manpower Data Center Support Office
ATTN: COA, 400 Gigling Rd.
Seaside, CA 93955-6771

For additional guidance and information on the Uniformed Service Employment and Reemployment Rights Act of 1994, contact the National Employer Support of the Guard at www.esgr.org.

To assist Guard and Reserve family members find more information about benefits, the Office of the Assistant Secretary of Defense for Reserve Affairs created the "Guide to Reserve Family Member Benefits" book. The book is available online at www.defenselink.mil/ra/documents/family/benefits.pdf and provides a wealth of information.

For information about TRICARE and its available options, call (888) 363-2273 or visit its Web site at www.tricare.osd.mil.

Additionally, there is a separate section on the TRICARE Web site addressing the needs of Guard and Reserve members and their families at www.tricare.osd.mil/reserve/default.htm

DD Form 1172 is available at <http://dior.whs.mil/forms/dd1172.pdf>

Walter Reed Diabetes Institute

leads by example with proper management of disease

By Michael E. Dukes
Stripe Staff Writer

In the United States, diabetes affects more than 10 million people. Experts at Walter Reed suggest there may be as many as 8 million people who are unaware they have it because they have no symptoms or family history of the disease. According to the American Diabetes Association, more than 200,000 deaths are caused by or related to diabetes each year.

Faced with these facts, Walter Reed Health Care System leaders brought in a diabetes expert two years ago to design and head up a new program that would lead the way in responding to this growing problem. Col. Robert Vigersky created the Walter Reed Diabetes Institute to provide care for more than 6,000 patients in the region.

The mission of the institute, Vigersky said, is "as a management program to treat not only patients who come to Walter Reed, but everyone in the Water Reed Health Care System." The program is certified by the ADA.

"To teach patients, we have nurse practitioners deployed throughout the health care system so [patients] don't have to come to Walter Reed. They can access them close to home," Vigersky said.

The stepped up management of patients is reflected in the institute's improved statistics. "We've gone from measuring A1cs, which is a measure of diabetes control, from 70 percent of patients up to 99 percent. We've improved that greatly. We've also improved the actual A1c from 8.3 to 7.6. That seven tenths of a percent drop in this measurement of A1c translates into about a 15 to 20 percent reduction in complications of diabetes in the long term.

"We've measured cholesterol levels—particularly bad cholesterol which is LDL cholesterol. We've gone from measuring

only 69 percent of our patients to 95 percent. The LDL average has dropped from 118 to 102. This is likely to result in a reduction of heart attacks, which is very common in diabetic patients. The most troubling complication of diabetes is complications of the heart, heart attacks, strokes and cardiovascular disease," he added.

"We measured urine proteins in only 22 percent of patients; now we are up to measuring 98 percent. That is a way we can actually pick up early kidney damage in patients with diabetes. So we were doing a very poor job in screening for it where now we are doing a very good job.

"Most of our patients—93 percent—are on some sort of medication to help protect their kidneys. [They use] either an ACE inhibitor or an ARB which are blood pressure medications used in diabetics to help protect their kidneys," Vigersky said.

He pointed out that as a result of all of these improvements, the institute has "catapulted the diabetes health care that is being provided to patients in this region to the forefront of what would be considered a nationally outstanding program.

"We are also working on some research studies that have included these patients to see if we can help manage them better." One study using the Internet and a custom made Web site acts as 'a force multiplier.'" Vigersky said the institute uses them to collect blood sugar readings from patients in a most efficient manner.

"We can communicate with the patient and they can communicate with us easily. The hypothesis is, [patient's] blood sugars will be better and the patients in the long run will be better. That's the study: to ask the question, 'Does using this high technology that we have available improve the control of their diabetes?'"

The institute is currently working on several other studies.

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TRICARE Reserve Family Demonstration Project Demobilization, which provides for extending transitional TRICARE benefits to the demobilized member and their family members up to 60 or 120 days after demobilization.

Learn from briefings

A Reserve and National Guard family's TRICARE benefits begin on the effective date of their sponsor's orders to active duty. Knowing how to maximize these benefits is what Mejia hopes will come from the information in her Reserve/National Guard briefings. "These families have a lot of experience with civilian health care plans, but in order to make the best informed decision on how to use TRICARE, these families need to learn five things:

1. What are the key elements of the TRICARE options: Standard, Extra, Prime; Pharmacy benefits
2. What are the requirements of seeking civilian health care
3. How does TRICARE work with other health insurance
4. Are there any special provisions for Reserve/National Guard families
5. How to find assistance.

For more information contact your unit Family Readiness volunteers and unit command to find out the dates of upcoming TRICARE briefings. If a briefing is not scheduled, urge your command to contact the TRICARE Northeast Education and Marketing Department (mejia@tne.amedd.army.mil) to arrange one, don't wait for mobilization orders to prepare.

See page 14 for Web links and DEERS contact information.

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continued from page 1

Guard and Reserve members are automatically registered in DEERS, their family members are not. The only way to be absolutely sure that a family member is registered in DEERS is for the member to complete a **DD Form 1172** (Application for Uniformed Services Identification Card DEERS Enrollment Form) and provide the necessary documentation to verify the information.

TRICARE is a healthcare benefit for active duty service members, Reservists, retirees and family members, but it is



Photo by MSgt Mark Savage, U.S. Air Force

SSgt Katrina Bradshaw gets ready to marshall a KC135E Stratotanker from the Utah Air National Guard's 151st Air Refueling Wing September 20, 2001, during Operation Noble Eagle.

only available to those who are registered and up to date in the Defense Enrollment Eligibility Reporting System, or DEERS. "Whenever you have a change in your life, you should update your DEERS information," said Mejia.

Addresses and telephone numbers, promotions, marriage, divorce, deaths, births, re-enlistments and

retirements are all examples of changes that should be entered into DEERS as soon as they happen. Sponsors are responsible to ensure accurate DEERS information. DEERS and TRICARE help them remember to make updates by mailing information to their last-listed address, so it's essential that the address is current.

Plan ahead for health care

Families need to look ahead to decide how TRICARE can best work for their particular situation. Although Guard and Reserve members who are activated receive the same health care as their active duty counterpart, coverage for families can be very different. This is why families of Guard and Reserve members are encouraged to compare the features and costs of each TRICARE option as well as their own civilian employer-sponsored health plan. Under normal circumstances, families

of Guard and Reserve members become eligible to receive TRICARE health care benefits after their military sponsor receives orders for more than 30 consecutive days. Guard and Reserve members activated under orders for 179 days or more have the option to enroll in TRICARE Prime. Families of those Guard and Reserve members whose orders call them to duty for 30 days or less are ineligible for TRICARE medical benefits.

Continue employer's coverage?

Under the Uniformed Service Employment and Reemployment Rights Act of 1994, members may keep their civilian employer-sponsored health care plan up to 18 months when called to active duty for more than 30 days. However, if they decide to continue their employer's coverage, their employer can require some or the plan's entire premium to be paid by the employee. The maximum that can be charged is 102 percent of the full premium, which includes the employer's share, the employee share and a two-percent administrative charge. If activated 30 days or less, the employer may not charge more than the employee's share for the coverage. "While the option to keep your employer's plan is available, it can be very costly, which is why we encourage service members to talk with their employer and family to make health care coverage decisions before they deploy or are activated," Mejia said.

Added benefits since 9-11

Beyond the TRICARE benefits outlined in commonly available education materials, Ms. Mejia's briefings have been highlighting the added benefits of two Department of Defense demonstrations. Members of the Reserves and National Guard who are called to active duty under Executive Order 13223, in response to the Sept. 11, 2001, terrorist attacks are eligible for enhanced health benefits under the TRICARE Reserve Family Demonstration Project Mobilization, supporting continuity of health care for Reserve and Guard family members. The demonstration applies to all covered health

"As these soldiers, sailors and airmen are mobilized and demobilized, one of the critical pieces of information that they need to have at their fingertips is the answer to, 'What are my family's health care benefits?'"

care services provided on or after Sept. 14, 2001, and before Nov. 1, 2003. The demonstration provides three important waivers to the regular TRICARE Standard option: the waiver of the annual fiscal year deductible; authority for TRICARE to pay above the TRICARE allowable rates for care provided by TRICARE Authorized but non-participating providers and waiver of the requirement for a Military Treatment Facility (MTF) non-availability statement (NAS) for inpatient care. In addition to the mobilization demonstration there is the

See TRICARE 101, page 15